

SERIAL NUMBER 09/256,624	FILING DATE 02/23/99	CLASS 370	GROUP ART UNIT 2731	ATTORNEY DOCKET NO. 1630
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APPLICANT

GOPAL PARUPUDI, ISSAQUAH, WA; MARIO C. GOERTZEL, KIRKLAND, WA; MURTHY SRINIVAS, REDMOND, WA.

****CONTINUING DOMESTIC DATA*******
 VERIFIED
S.M

****371 (NAT'L STAGE) DATA*******
 VERIFIED
S.M

****FOREIGN APPLICATIONS*******
 VERIFIED
S.M

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 03/17/99

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>S.M</u> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div>	STATE OR COUNTRY WA	SHEETS DRAWING 8	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 3
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ADDRESS

ALBERT S MICHALIK
 704 228TH AVENUE N E SUITE 193
 REDMOND WA 98053

TITLE

SYSTEM EVENT NOTIFICATION SERVICE

FILING FEE RECEIVED \$1,174	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 1052

SERIAL NUMBER 09/256,624	FILING DATE 02/23/1999 RULE	CLASS 709	GROUP ART UNIT 2153	ATTORNEY DOCKET NO. 1630
APPLICANTS GOPAL PARUPUDI, ISSAQUAH, WA; MARIO C. GOERTZEL, KIRKLAND, WA; MURTHY SRINIVAS, REDMOND, WA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/17/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY WA	SHEETS DRAWING 8	TOTAL CLAIMS 43
Verified and Acknowledged _____ Examiner's Signature Initials		INDEPENDENT CLAIMS 3		
ADDRESS LAW OFFICES OF ALBERT S. MICHALIK, PLLC 704-228TH AVENUE NE SUITE 193 SAMMAMISH, WA 98074				
TITLE SYSTEM EVENT NOTIFICATION SERVICE				
FILING FEE RECEIVED 1174	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	